

**Tom Schulte**

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**From:** "Mark Tellier" <ab9cd@arrl.net>  
**To:** "Joe Schwarz" <n9ux@arrl.net>; "Brian White" <k9lcq@arrl.net>; "Doneis Jr., Pancho (Armin F.), KA9OFA" <pancho@thepark.net>; "Kevin D. Reeme" <reemefam@yahoo.com>; "Tom Fuszard" <kf9pu@aero.net>; "Tom Schulte" <AB9EK@arrl.net>; "Wahlen, Gerald K., WA9CGE" <gwahlen@wi.rr.com>; "Wood, Richard M., W9JBE" <rwood5118@voyager.net>  
**Sent:** Wednesday, February 18, 2004 6:29 PM  
**Subject:** Good news from OCHS

Friends,

I received the following today!

The use of grounds has been unanimously approved by the Board. Please see that a certificate of insurance is sent to our mailing address listing the Ozaukee County Historical Society as "additional insured" and send it to P.O. Box 206 Cedarburg, WI 53012. Sending this to my attention would be great.

As agreed, your organization is responsible to leave the grounds and buildings in the same condition as they were found. In the past we have all enjoyed a great relationship and desire for this to continue. Thanks for your efforts in this regard!

Sincerely,  
**Curt Gruenwald**

Tom: Can you get the certificate and send it to Curt.

Also, do we have a location for the board meeting on Monday. I should be able to escape from my class on Monday to attend.

Mark

Mark W Tellier, AB9CD  
 8283 North 50th Street  
 Brown Deer, WI 53223-3605  
 Phone (H): (414)357-6522  
 Email: ab9cd@arrl.net

Create like a God; Command like a King; Work like a Slave; Ask questions like a 4 year-old.



Affinity Group Services  
a service of Seabury & Smith  
1776 West Lakes Parkway  
West Des Moines, IA 50398  
Customer Service 800 503 9227  
Customer Service Fax 515 365-3005  
Claim Service 800 503 9228  
Claim service Fax 847 375 9223

## **IMPORTANT NOTICE**

### **\*\*\* PLEASE READ THIS LETTER \*\*\***

Per your request, we are enclosing the Certificate of Insurance you have asked us to provide.

Please retain ONE COPY for your files and forward ONE COPY to the party who has requested this document.

For your convenience, we are enclosing a Request Form which should be used for future Certificates. To assure a prompt and timely response to your request, we would appreciate receipt of the completed form at least 30 days prior to your event.

Should you have any questions, please contact us at 800-503-9227.

We appreciate this opportunity to serve you.

Sincerely,

Marsh Affinity Group Services  
Property & Casualty Department

Enclosure



PRODUCER 19530 OZAUKEE COUNTY HISTORICAL SOCIETY

SEABURY & SMITH  
1440 N. RENAISSANCE DRIVE  
PARK RIDGE, ILL 60068-1400  
847-803-3100THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY  
A NEW HAMPSHIRE INSUREANCE COMPANY  
COMPANY  
B  
COMPANY  
C  
COMPANY  
DINSURED  
ARRL  
MILWAUKEE RADIO AMATEUR'S CLUB  
C/O THOMAS SHULTE  
8802 CASTLE COURT  
FRANKLIN, WI 53132

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	RGL-0033406	12/05/03	12/05/04	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> HOST LIQUOR				FIRE DAMAGE (Any one fire) \$ 100,000
A	AUTOMOBILE LIABILITY	RGL-0033406	12/05/03	12/05/04	MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				OTH- ER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				FORM CG2011

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EFFECTIVE 06/26-27/04 INCLUDE AS ADDITIONAL INSURED: CERTIFICATE HOLDER (PROPERTY OWNER) BUT ONLY WITH  
RESPECTS TO THE NAMED INSURED'S NEGLIGENCE WITH REGARD TO ARRL FIELD DAY (OZAUKEE COUNTY HISTORICAL  
SOCIETY, CEDARBURG, WI) TO BE HELD ON 06/26-27/04.

## CERTIFICATE HOLDER

DML  
OZAUKEE COUNTY HISTORICAL SOCIETY  
PO BOX 206  
CEDARBURG, WI 53024

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,  
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## AUTHORIZED REPRESENTATIVE



**ACORD****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
5/25/2004

PRODUCER 19530 OZAUKEE COUNTY HISTORICAL SOCIETY

SEABURY & SMITH  
1440 N. RENAISSANCE DRIVE  
PARK RIDGE, ILL 60068-1400  
847-803-3100THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
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ARRL  
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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RGL-0033406	12/05/03	12/05/04	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
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